



October 20-21, 2017

50th ANNIVERSARY REUNION

REGISTRATION FORM

October 20-21, 2017

Last Name: _____ First Name: _____

Guest First and Last Name (if attending): _____

Area of Practice: _____

Address: _____

Telephone: _____ Email: _____

Dietary Concerns: _____

Registration Cost: \$250.00 per person
(price includes tax and fees)

I will attend:

- Welcome Reception (Friday, Oct 20)
- TED Talks and Tour (Saturday, Oct 21)
- Gala Dinner (Saturday, Oct 21)
 - Beef Tenderloin
 - Halibut
 - Vegetarian

My guest will attend:

- Welcome Reception (Friday, Oct 20)
- TED Talks and Tour (Saturday, Oct 21)
- Gala Dinner (Saturday, Oct 21)
- I'm not bringing a guest

REGISTRATION

Cost **\$250.00 x** _____

TOTAL **\$** _____

(paid by cheque)

**Please submit your registration and
payment by
Friday, October 13, 2017**

Please make cheques payable to
University of British Columbia
and write **MD Class of '67 Reunion** on the memo
line.

MAIL REGISTRATION FORMS TO:

Attn: Kira Davis
UBC Faculty of Medicine Alumni Engagement
2750 Heather St
Vancouver, BC V5Z 4M2